



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**INDIVIDUAL SELF-INSURANCE APPLICATION CHECKLIST**

<b>Name of Applicant</b>		<b>Effective Date Requested</b>
<input type="checkbox"/> Contact the Division to arrange a meeting to present the following information and documentation.	Date and time of meeting	
<b>Documents to be submitted at initial meeting:</b>		
<input type="checkbox"/> Three original fully completed and executed Applications for Authority to Self-Insure (Form WC-81).		
<input type="checkbox"/> A check in the amount of \$250 made payable to the Division of Workers' Compensation.		
<input type="checkbox"/> Applicant's Federal Employers' Identification Number: _____		
<input type="checkbox"/> Business cards for:		
<input type="checkbox"/> applicant contact for self-insurance program administration,		
<input type="checkbox"/> safety program administration,		
<input type="checkbox"/> financial information and reporting and		
<input type="checkbox"/> consultant, broker or attorney assisting with application process or program administration.		
<input type="checkbox"/> Four years audited balance sheets and income statements for applicant or parent company if four years of financial information is not available for the applicant.		
<input type="checkbox"/> Company organization chart showing parent company, subsidiaries and related companies.		
<input type="checkbox"/> Applicant's current NCCI Experience Modifier.		
<input type="checkbox"/> Certificate of insurance for current Missouri workers' compensation coverage with Missouri Division of Workers' Compensation shown as the certificate holder or all states policy if there are no current Missouri employees.		
<input type="checkbox"/> Certificate of Good Standing or equivalent issued by state of incorporation.		
<input type="checkbox"/> Authority to Do Business issued by the Missouri Secretary of State.		
<input type="checkbox"/> Completed Guaranty To Satisfy Compensation Claims (parental guaranty) (Form WC-82A), if applicable.		
<input type="checkbox"/> Board resolution authorizing execution of guaranty.		
<input type="checkbox"/> Board resolution authorizing non-profit entity to apply for self-insurance, if applicable.		
<input type="checkbox"/> Full copy of employee safety program manual. (Also see Missouri Workers' Safety Program Initial Certification Procedure and Auditing Procedures.)		
<input type="checkbox"/> Applicant's claim procedure manual including accident and occupational disease reporting procedure and medical authorization and settlement authority levels.		
<input type="checkbox"/> Third party administrator (TPA) claim procedure manual.		
<input type="checkbox"/> Copy of fully executed TPA contract. (Contact the Division for self-administration requirements.)		
<input type="checkbox"/> List of employer's approved medical providers and facilities for routine and emergency care of injured workers.		
<input type="checkbox"/> Any other forms and reports pertinent to applicant's claim administration and medical case management such as accident/incident reports, investigative reports, treatment authorization forms or reserve calculation worksheets.		
<input type="checkbox"/> Three to five years claim history providing the number of claims, the total paid, total reserve and total incurred claims (Total paid + Total reserve = Total incurred).		
<input type="checkbox"/> Specific and aggregate excess insurance certificate of insurance or binder.		
<input type="checkbox"/> Statement of Specific and Aggregate Excess Insurance Coverage (Form WC-121).		